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FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	(See instruc	_	Office use only
NAME OF COMMITTEE (in	(Check if name full) is changed)	Example: If typying, type over the lines	12FE4M5
MCGUIREWO	ODS LLP		
ADDRESS (number and	One James Cente	r	
(Check if addr	901 E. Cary Street		VA 23219
001111111111111111111111111111111111111	W ADDRESS	CITY	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA	IL ADDRESS		
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
	<u> </u>	<u> </u>	
COMMITTEE'S FAX N 8047751061	NUMBER		
2. DATE 0.8			
3. FEC IDENTIFICA	ATION NUMBER	C C00225342	
4. IS THIS STATEM	MENT NEW (N) OF	X AMENDED (A)	
I certify that I have exam	ined this Statement and to the best of my	knowledge and belief it is true, correct	and complete
Type or Print Name of	Treasurer FRANK J. DOI	NATELLI	
Signature of Treasure	Electronically Filed by <b>FRANK</b>	J. DONATELLI	Date 09 / 05 / YYYYY
NOTE: Submission of fa	•	may subject the person signing this S	tatement to the penalties of 2 U.S.C. S437g.  D WITHIN 10 DAYS
Office Use Only		For further information Federal Election Comm Toll Free 800-424-953	ission FEC FORINI 1

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5.	5. TYPE OF COMMITTEE (Check One)						
	(a) This committee is a principal campaign or	ommittee. (Complete the candidate information below.)					
	(b) This committee is an authorized committee information below.)						
	Name of Candidate						
	Candidate Office Party Affiliation Sought:	House Senate President	State District				
	(c) This committee supports/opposes only on	e candidate, and is NOT an authorized committee.					
	Name of Candidate						
	(d) This committee is a	(National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.				
	(e) This committee is a separate segregated f	und					
	(f) X This committee supports/opposes more the committee.	an one Federal candidate, and is NOT a separate segregated	fund or party				
6.	6. Name of Any Connected Organization or Affiliated C	ommittee					
L							
	Mailing Address						
		CITY▲ STATE ▲	ZIP CODE				
	Relationship						
	Type of Connected Organization:						
	Corporation	orporation w/o Capital Stock Labor Organiz	ation				
	Membership Organization Tr	ade Association Cooperative					

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٧	Vrite or Type Committe	e Name						
	MCGUIREWOOI	OS LLP						
7.		Custodian of Records: Identify by name, address, (phone number optional), and position of the person in cossession of Committee books and records.						
	DeAnna Kay Vanover Full Name							
	Mailing Address	One James Center	r					
		901 East Cary Stre	eet					
		Richmond		23219 _				
	Title or Position ♥	CITY A	STATE▲	ZIP CODE ▲				
	Cu	stondian of Books	<b>804</b> Telephone number	775				
	Mailing Address	1050 Connecticut Suite 1200	Avenue, NW					
		Washington	DC	20036 – 5317				
	Title or Position ▼	CITY A	STATE ▲	ZIP CODE A				
	Tre	easurer	Telephone number 202	857 2914				
	Full Name of Designated Agent	Harrison J. Kaplan						
	Mailing Address	Two Hannover Squ	uare					
		434 Fayetteville St	t. Suite 2140					
		Raleigh		27601				
	Title or Position ♥	CITY A	STATE <b>≜</b>	ZIP CODE A				
	As	sistant Treasurer	Telephone number	_ 836 _ 4001				
			. 5.50					

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9.	, ,	afety deposit boxes or maintains funds.						
	Name of Bank, Depository, etc.							
	Wachov	/ia Bank 						
	Mailing Address	1021 East Cary Street						
		2 James Center						
		Richmond VA 23	3219					

STATE ∠

**ZIP CODE** △

CITY 🛆